

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
10/584699

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
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35						
36						
37						
38						
39						
40						
41						
42						
43						
44			1			
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	0	↓	1	↓	0	↓
TOTAL DEP.	0	←	6	←	0	←
TOTAL CLAIMS	0		7		0	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
59				1		
60				1		
61				1		
62				1		
63				1		
64			1			
65				1		
66				1		
67				1		
68				1		
69				1		
70				1		
71			1			
72				1		
73				1		
74				1		
75				1		
76				1		
77			1			
78				1		
79				1		
80				1		
81				1		
82				1		
83				1		
84			1			
85				1		
86				1		
87				1		
88				1		
89				1		
90			1			
91			1			
92				1		
93				1		
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	0	↓	6	↓	0	↓
TOTAL DEP.	0	←	37	←	0	←
TOTAL CLAIMS	0		43		0	